

Information Page — Mail-in Application for Genealogical Services

General Instructions

- Use this application only for *genealogy requests within the City of Oneida, NY*.
- Print a copy of this application, complete and sign.
- **Mail** application with check or money order and a copy of any required documentation (see below) to:

ONEIDA CITY CLERK
109 N Main St
Oneida NY 13421

Fees: If no record is on file, a **No Record Report** will be issued and the fee is **not** refunded.

- **For standard search:** This includes a three (3) year search. The fee is \$22.00 per copy. The fee is for **each** name or type of record requested.
- **For long search:** When more than a three-year search is requested, the fee for each record in need of a longer search is higher according to the following schedule:

1 - 3 years	\$22.00	31 - 40 years	\$102.00
4 - 10 years	\$42.00	41 - 50 years	\$122.00
11 - 20 years	\$62.00	51 - 60 years	\$142.00
21 - 30 years	\$82.00	61 - 70 years	\$162.00

The fee applies separately to each record requested. For example, the fee for a request consisting of one birth record (1-year search), plus one death record (24-year search), plus one marriage record (11-year search) is a total of \$166.00 (\$22 + \$82 + \$62 = \$166)

- Send check or money order payable to the Oneida City Clerk. Do not send cash.

Note: Payment submitted from foreign countries must be made by a check drawn on a United States bank or by

Available Records

- No information shall be released from a record unless the person to whom the record relates is known to the applicant to be deceased.
- No information shall be released unless the record has been on file for a minimum required period: birth records must have been on file for at least 75 years, death records for 50 years, marriage records for 50 years (both parties to the marriage must be deceased).
- The time periods above are waived if the applicant is a descendant and provides documentation of direct line descent. A party acting on behalf of a descendant shall further provide documentation that the descendant authorized the party to make such application.

Completing the Form

- If you are using Adobe Reader® 5.0 or newer (available as a free download from www.adobe.com) you can fill in the form directly in Adobe Reader by clicking on the appropriate space and entering the information (use the TAB key to move to the next field, shift-TAB to move backwards). Print the completed form, sign and mail to the address shown above.
- You can print out a blank copy of the form and then type or print the required information.
- Be sure to sign the form before mailing and include a check or money order made payable to the Oneida City Clerk along with copies of any required documentation.

VITAL RECORDS COPIES CANNOT BE PROVIDED FOR COMMERCIAL PURPOSES.

Return to: Oneida City Clerk, 109 N. Main St., Oneida NY 13421

1. FEE - \$22.00 includes search and uncertified copy or notification of no record.
2. Original records of births, marriages, and death for the City of Oneida begin with 1885.
3. Please read the Administrative Rule Summary on the reverse side of this sheet which specifies years available for genealogical research.

To insure a complete search, provide as much information as possible.

Please complete the applicable section for each type of record requested: birth, death or marriage.

Birth	Name at Birth _____	State File _____	Birth	Name at Birth _____	State File _____
	Date of Birth _____	Number _____		Date of Birth _____	Number _____
	Place of Birth _____			Place of Birth _____	
	Father's Name _____			Father's Name _____	
	Mother's Maiden Name _____			Mother's Maiden Name _____	
Marriage	Name of Bride _____		Marriage	Name of Bride _____	
	Name of Groom _____			Name of Groom _____	
	Date of Marriage _____	State File _____		Date of Marriage _____	State File _____
	Place of Marriage _____			Place of Marriage _____	
	and/or License _____			and/or License _____	
Death	Name at Death _____		Death	Name at Death _____	
	Date of Death _____	Age at Death _____		Date of Death _____	Age at Death _____
	Place of Death _____			Place of Death _____	
	Names of Parents _____			Names of Parents _____	
	Name of Spouse _____			Name of Spouse _____	
	State File Number _____			State File Number _____	

For what purpose is information required? _____

What is your relationship to person whose record is requested? _____

In what capacity are you acting? _____

SIGNATURE OF APPLICANT _____ DATE _____

Address _____ Phone _____

Send record to: (please print)

Name _____

Address _____

City _____ State _____ Zip Code _____

If requesting birth and marriage records, please sign the following statement:

To the best of my knowledge, the person(s) named in the application are deceased.

SIGNATURE OF APPLICANT _____